U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF _	COLURT CASE MUNICIPAL	
ERIC HINES	17-2864 (NLH) - TS	
DEFENDANT	TYPE OF PROCESS	
CARY M. LANIGAN ET AL.	SUMMONS + C	THIAIFMA
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR	DESCRIPTION OF PROPERTY TO S	SEIZE OR CONDEMN
MARCUS O. HICKS COMMISS		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	HITTLESEY RD.	
AT INJ DEPARTMENT OF CORRECTIONS TO	RENTON, NJ 08	625
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be	
ERIC HINES # 663508/146993B	served with this Form - 285	l
SOUTH WOODS STATE PRISON	Number of parties to be	38
EN 5 BOUTH BURLINGTON ROAD	served in this case	
L 3BBIDGETON, NJ 08625	Check for service on U.S.A.	√
SPECIAL INSTRUCTIONS OF THER INFORMATION THAT WILL ASSIST IN EXPEDITING SI		rate Addresses All
Telephone Numbers and actimated Times Available For Service)	EKVICE <u>(Include Business and Altern</u>	
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Sind of Automotive and Consideration and Scholar Schol	TELEBRONE NI IMPED	IDATE .
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF	TELEPHONE NUMBER	DATE
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF DEFENDANCE	. /	DATE 7/23 20
Eric Lin DEFENDANT	N/A	11/23/20
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELO	11/23/20
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated of Origin to Serve to Serve	N/A	WTHIS LINE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated of Origin to Serve to Serve	NOT WRITE BELO	WTHIS LINE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Total Process District of Origin to Serve No. USW No.	NOT WRITE BELO rized USMS Deputy or Clerk	# 23 20 W THIS LINE Date 8/19
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated of Origin to Serve to Serve	D NOT WRITE BELO rized USMS Deputy or Clerk executed as shown in "Remarks", the p	W THIS LINE Date Process described
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of pervice, have legal eviden	NOT WRITE BELO rized USMS Deputy or Clerk executed as shown in "Remarks", the p corporation, etc., shown at the address	W THIS LINE Date Process described
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Thereby certify and return that I have personally served, have legal evidence of prize, have egon the individual, company, corporation, etc., at the address shown above or on the individual, company,	PNOT WRITE BELO rized USMS Deputy or Clerk executed as shown in "Remarks", the p corporation, etc., shown at the address d above (See remarks below) A person of s	THIS LINE Date Process described inserted below. uitable age and dissiding in the defendant's
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of crvice, have eon the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., name Name and title of individual served (if not shown above)	PNOT WRITE BELO rized USMS Deputy or Clerk executed as shown in "Remarks", the p corporation, etc., shown at the address d above (See remarks below) A person of s fetion then re- usual place of	THIS LINE Date Process described inserted below. uitable age and dissiding in the defendant's
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Thereby certify and return that I have personally served, have legal evidence of pervice, have eon the individual, company, corporation, etc., at the address shown above or on the individual, company, I hereby certify and return that I am unable to locate the individual, company, corporation, etc., name Name and title of individual served (if not shown above) Outer Victor S — Admin Address (complete only if different than shown above) Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits (including endeavors)	D NOT WRITE BELO rized USMS Deputy or Clerk executed as shown in "Remarks", the p corporation, etc., shown at the address d above (See remarks below) A porson of s retion then re usual place of Date of Service	THIS LINE Date Process described inserted below. uitable age and dissiding in the defendant's abode. Time pm
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See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ERIC HINES		COURT CASE NUMBER	(H) - TC
DEFENDANT		17-2864 W	CH1-03
GARY M, LANIGAN ET AL,		TYPE OF PROCESS	Camplaint
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO	O SERVE OR DESCRI	SUMMOUS +	SEIZE OR CONDEMN
WILLIE BONDS			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code	le) WHI	TTLESEY R	OAD
AT UNJ DEPARTMENT OF CORRECT	ONS TRE	HTON, NJ	08625
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BE	LOW: Numb	er of process to be	,
SOUTH BURLINGTON ROAD	3B served	with this Form - 285	1
SBUTH WOODS STATE PRISON	Numb	er of parties to be	
ELLESOUTH BURLINGTON ROAD	served	in this case	38
1 208302	· · ·	for service	
	on U.S		/
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EX	PEDITING SERVICE (Include Business and Altern	ate Addresses, All
Telephone Numbers, and Himated nes Available For Service):			Fold
OFFICIAL CAPACITY	1		135
OLLICIAL CAPACIL			Training Training
			12
Signature of Attorney or other Originator requesting service on behalf of:	PLAINTIFF TELE	PHONE NUMBER	DATE
Erin Hun	DEFENDANT	N/A	37/23/20
SPACE BELOW FOR USE OF U.S. MARSHAL ON	LY — DO NO	T WRITE BELO	W THIS LINE
	ature of Authorized USA	MS Deputy or Clerk	Date
number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) S B Of Origin to Serve	4-11	1/14	8/18/
I hereby certify and return that I have personally served, have legal evidence of serve on the individual, company, corporation, etc., at the address shown above or on the individual.	ice, \(\subseteq \text{have executed a ual, company, corporation} \)	s shown in "Remarks", the pron, etc., shown at the address	rocess described inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporati			
Name and title of individual served (if not shown above)	on, etc., named above (c		uitable age and dis-
Parlene 1 lichols - Admin.		cretion then resusual place of a	siding in the defendant's
Address (complete only if different than shown above)			Time (am)
		12/1920	12:00 pm
		Signature of UJS.M	rshul or Deputy
		Neldos	fire
	e Deposits Amount	owed to U.S. Marshal or	Amount of Refund
65 (including endeavors) 68.89			